

Case Number:	CM15-0180959		
Date Assigned:	09/22/2015	Date of Injury:	08/29/2011
Decision Date:	11/25/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old female, who sustained an industrial injury on 08-29-2011. The injured worker was diagnosed as having right frozen shoulder, arthropathy NOS - should, rotator cuff rupture and adhesive capsulitis shoulder. On medical records dated 07-29-2015, the subjective complaints were noted as lumbar spine constant pain, right shoulder constant pain that radiates to neck and arm pain. Objective findings were noted as tenderness to the thoracic spine and medial border of the right scapular. Treatments to date included manipulation under anesthesia the right shoulder with a cortisone injections and medication. Current medications were listed as Tylenol. The Utilization Review (UR) was dated 08-20-2015. A Request for Authorization was dated 07-29-2015. The UR submitted for this medical review indicated that the request for Keflex Cap 500mg #30, thirty day supply was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Keflex Cap 500mg #30, thirty day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, National Library of Medicine, Daily med, <http://dailymed.nlm.nih.gov/dailymed/drug>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson DJ et al. Antimicrobial prophylaxis for prevention of surgical site infection in adults. accessed 11/20/2015 in www.uptodate.com.

Decision rationale: The MTUS and Official Disability Guidelines do not address the use of antimicrobial prophylactic agents, including the use of the antibiotic Keflex, for the prevention of surgical site infections. Therefore, the reference source Up-To-Date was used in this determination. The goal of antimicrobial prophylaxis is to prevent surgical site infections by reducing the burden of microorganisms at the surgical site during the operative procedure. For orthopedic procedures, such as in this case, antimicrobial prophylaxis is warranted for spinal procedures, repair of the hip and other closed fractures, implantation of internal fixation devices such as screws, nails, plates and pins, and total joint replacements. Antimicrobial prophylaxis is not warranted for clean orthopedic procedures including arthroscopy and other procedures with no implantation of foreign materials. In this case, the proposed surgical procedure does not include any of the indications that warrant use of antibiotics as described above. For this reason, the use of Keflex is not medically necessary.